SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use sepa		FOR LINE NUMBER: PAGE 18								
		for each Detailed	(check only 21b 27			22 28a	X 23	\square	24 28c	25 29	2 3	
Any Information copied from such Reports or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full) Society for Vascular Surgery Po												
Full Name (Last, First, Middle Initial) LOIS G CAPPS									ID: SB2)	
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BENJAMIN L CARDIN							Date o	of Disbu	ursement			Υ
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COMMITTEE FOR HISPANIC C DIVERSITY PAC (CHC BOLD P	AC)	UILDING (OUR LEADER	SHII	P	- 1	Date o	of Disbu	ursement		2 0 0 7	Y
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